

Serial No.: 09/981,790  
Docket No.: ECV-6142C  
RCE-Amendment dated September 12, 2011  
Response to FINAL Office Action dated April 12, 2011

**Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings of claims in the application:

**Listing of claims:**

1-84. (Canceled)

85. (Currently amended) A method of passively treating an in situ mitral valve, the method comprising:

securing a passive device to the in situ mitral valve, wherein the device includes a ring and a plurality of flexible elongate members extending therefrom into a left ventricle associated with the in situ mitral valve;

extending a first flexible elongate member of the plurality of flexible elongate members from the ring across the ventricular cavity to a papillary muscle within the left ventricle ~~first heart structure within a left ventricle associated with the in situ mitral valve~~;

disposing a distal portion of the first flexible elongate member in direct contact with a the papillary muscle of the left ventricle;

securing a first anchoring structure at the papillary muscle to a distal end of the first flexible elongate member so as to establish tension in the first flexible elongate member directly between the papillary muscle and the passive device;

extending a second flexible elongate member of the plurality of flexible elongate members across the ventricular cavity directly to a second heart structure within the left ventricle other than a heart valve;

securing a second anchoring structure at the second heart structure to a distal end of the second flexible elongate member so as to establish tension in the second flexible elongate member directly between the second heart structure and the passive device, wherein the second anchoring structure is discrete from the first anchoring structure.

86. (Currently amended) The method of claim 85, further comprising drawing the

papillary muscle toward the in situ mitral valve with the first flexible elongate member.

87. (Currently amended) A method of passively treating an in situ mitral valve, the method comprising:

securing a passive device to an atrial side of the in situ mitral valve, wherein the device includes a ring and a plurality of flexible elongate members;

extending a first flexible elongate member of the plurality of flexible elongate members from the ring across the ventricular cavity to a first anchor point at a first papillary muscle within a left ventricle associated with the in situ mitral valve, wherein the first anchor point includes a first papillary muscle;

disposing a first anchoring structure at the first anchor point to secure the a distal end of the first flexible elongate member and so as to establish tension in the first flexible elongate member directly between the first papillary muscle and the passive device;

extending a second flexible elongate member of the plurality of flexible elongate members from the ring across the ventricular cavity to a second anchor point at a second papillary muscle within the left ventricle, wherein the second anchor point includes a second papillary muscle;

securing a second anchoring structure to the second anchor point to secure the a distal end of the second flexible elongate member and so as to establish tension in the second flexible elongate member directly between the second papillary muscle and the passive device, wherein the second anchoring structure is discrete from the first anchoring structure.

88. (Currently amended) The method of claim 87, wherein securing the ring of the passive device to an atrial side of the in situ mitral valve includes drawing tissue towards an inside of the ring.

89-98. (Canceled)

99. (New) The method of claim 87, further comprising drawing the first papillary muscle toward the in situ mitral valve with the first flexible elongate member.

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100. (New) The method of claim 87, wherein the first and second flexible elongate members are fixably attached to the passive device.

101. (New) The method of claim 87, wherein the first and second flexible elongate members are releasably attached to the passive device.

102. (New) The method of claim 101, wherein the ring of the passive device is an annuloplasty ring.

103. (New) The method of claim 87, wherein the ring of the passive device is an annuloplasty ring.

104. (New) The method of claim 87, wherein the ring of the passive device is a suture ring.

105. (New) The method of claim 87, wherein the flexible elongate members each extend from a point on the ring of the passive device across the ventricular cavity to an adjacent papillary muscle.

106. (New-Withdrawn) The method of claim 87, wherein the flexible elongate members each extend from a point on the ring of the passive device across the ventricular cavity to a transversely opposite papillary muscle.

107. (New) The method of claim 87, wherein the first anchoring structure includes a transmural anchor pad.

108. (New-Withdrawn) The method of claim 87, wherein the first anchoring structure includes a hook-shaped papillary muscle tissue loop.

109. (New-Withdrawn) The method of claim 87, wherein the first anchoring structure includes a screw-shaped tissue anchor.

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110. (New) The method of claim 87, further comprising the step of placing a transverse flexible elongate member across the ventricular cavity and between the first and second anchor points so as to establish tension in the transverse flexible elongate member directly between the first and second papillary muscles.

111. (New) The method of claim 110, wherein the first and second anchoring structures include transmural anchors securing the opposite ends of the transverse flexible elongate member to the heart wall, and the flexible elongate members are connected to the transverse flexible elongate member at the first and second anchor points.

112. (New) The method of claim 85, wherein securing the ring of the passive device to an atrial side of the in situ mitral valve includes drawing tissue towards an inside of the ring.

113. (New) The method of claim 85, wherein the first and second flexible elongate members are fixably attached to the passive device.

114. (New) The method of claim 85, wherein the first and second flexible elongate members are releasably attached to the passive device.

115. (New) The method of claim 114, wherein the ring of the passive device is an annuloplasty ring.

116. (New) The method of claim 85, wherein the ring of the passive device is an annuloplasty ring.

117. (New) The method of claim 85, wherein the ring of the passive device is a suture ring.

118. (New) The method of claim 85, wherein the second heart structure to which the second flexible elongate member extends is the heart wall.

119. (New) The method of claim 85, wherein the second heart structure to which the

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second flexible elongate member extends is a second papillary muscle within the left ventricle.

120. (New) The method of claim 119, wherein the flexible elongate members each extend from a point on the ring of the passive device across the ventricular cavity to an adjacent papillary muscle.

121. (New-Withdrawn) The method of claim 119, wherein the flexible elongate members each extend from a point on the ring of the passive device across the ventricular cavity to a transversely opposite papillary muscle.

122. (New) The method of claim 85, wherein the first anchoring structure includes a transmural anchor pad.

123. (New-Withdrawn) The method of claim 85, wherein the first anchoring structure includes a hook-shaped papillary muscle tissue loop.

124. (New-Withdrawn) The method of claim 85, wherein the first anchoring structure includes a screw-shaped tissue anchor.

125. (New) The method of claim 85, further comprising the step of placing a transverse flexible elongate member across the ventricular cavity and between the first and second anchoring structures so as to establish tension in the transverse flexible elongate member.

126. (New) The method of claim 125, wherein the first and second anchoring structures include transmural anchors securing the opposite ends of the transverse flexible elongate member to the heart wall.